



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Georgia Department of Human Resources Division of Mental Health and Mental Retardation - Room 530-H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334	Application Number <b>76-306</b>	
Application Number		Date Received SEP - 2 1976	Date Completed SEP 24 1976
2. Person to Contact Charles G. Braden		Working Title Division RMO	Telephone Number 656-4908
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. AGENCY-WIDE b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1970	5. Records Series Title (followed by title used in office, if different) Token Economy Program Treatment and Unit Summary Statistical Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Division of Mental Health and Mental Retardation administers the programs for mental health; mental retardation, and other developmental disabilities; alcohol and drug abuse; and training and research. This Division is also concerned with community mental health, and administration of the State mental hospitals; and rehabilitation and retardation centers State-wide.  The State Regional Hospitals/Institutions and Medical Centers have the responsibility to provide mental health services for the people in its geographic area of responsibility; to conduct training and education for persons in various mental health disciplines; and to carry out research with the objective of determining the causes and possible causes of mental illness.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: treating patients in the Token Economy Program to effect behavior changes. Included are: unnumbered forms (Entry/Re-entry) which shows patient's name and Social Security number, date, code, whether new patient or readmission, week covered by report, and where applicable, total tokens earned and spent; (five pages--copy of card carried by the patient) which shows a daily record of patient's behavior pattern, such as neatness of his room, personal grooming relationship with staff and/or other residents, spending record (tokens) and earnings and charges on treatment plans (behavior patterns) for given week; and two computer printouts; (1) shows the weekly summary of the behavior pattern of the individual resident by name, Social Security number, and code; (2) shows in summary the weekly behavior patterns for all patients assigned to a particular unit and code; both printouts show applicable information as to tokens earned by acceptable behavior patterns, tokens spent, cumulative totals of tokens earned and spent, negative spending and inappropriate behavior. File is arranged: alphabetically by Unit; thereunder chronologically by week; thereunder by patient Social Security Number or number assigned by Institution Clinical Records Dept.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old * ; Seven to twelve months old * ; Thirteen to twenty-four months old * ; twenty-five months and older * ? *infrequent reference; but records needed for treatment recommendation and for legal purposes.			
9. Annual Rate of Accumulation of Records Letter-size drawers 1/2 ; Legal-size drawers ; Shelves ; Other (specify) (Atlanta Regional)			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? at Institution Training, Research & Evaluation Unit
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 88.502.10 Confidentiality of patient records - Gal Health Code
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? reference and legal purposes
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Unit to which Patient assigned at the Institution
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need          | 35 years.    |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

\* same retention as medical charts - needed for treatment recommendations and for legal purposes

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Forms (Entry-Re-entry) (Daily Record of Patient's Behavior Pattern) and (Weekly Token Record)

Cut off weekly; hold in current files area one month; then destroy.

#### Printouts (Received weekly)

##### Institution Training Office

Cut off file at the end of each calendar year; hold in current files area 2 years; transfer to local holding area, hold 5 years; transfer to State Records Center, hold 28 years; then destroy.

##### Unit copy

Destroy when patient is transferred from Unit.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Charles H. Braden	Aug 31, 76	Elizabeth Crank	

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

State Records Committee (Signature)		Date
State Auditor/Designee		9-22-76
Secretary of State/Designee		9-20-76
Attorney General/Designee		9-22-76